

APPLICATION DATA SHEET**Application Information**

Application number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?:: No
Number of copies of CRF::
Title :: COMPOSITIONS AND METHODS FOR
RESTORING IMMUNE REPERTOIRE IN
PATIENTS WITH IMMUNOLOGICAL DEFECTS
RELATED TO AUTOIMMUNITY AND ORGAN
OR HEMATOPOIETIC STEM CELL
TRANSPLANTATION
Attorney Docket Number:: 980034.422
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 7
Small Entity?:: Yes
Petition included?:: No
Petition Type::
Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ronald
Middle Name::
Family Name:: Berenson
Name Suffix::
City of Residence:: Mercer Island
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: P.O. Box 1597
City of mailing address:: Mercer Island
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98040

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name::
Family Name:: Bonyhadi
Name Suffix::
City of Residence:: Issaquah

State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 27187 Southeast 27th Street
City of mailing address:: Issaquah
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98029

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dale
Middle Name::
Family Name:: Kalamasz
Name Suffix::
City of Residence:: Redmond
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 12045 184th Avenue Northeast
City of mailing address:: Redmond
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98052

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional claiming the benefit under 35 USC 119(e) of	60/442,001	01/22/03
This Application	Non-Provisional claiming the benefit under 35 USC 119(e) of	60/431,212	12/04/02
This Application	Non-Provisional claiming the benefit under 35 USC 119(e) of	60/393,042	06/28/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	XCYTE Therapies, Inc.
Street of mailing address::	1124 Columbia Street Suite 130
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98104

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